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Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554

In the Matter of

SSM Health -St. Francis Hospital

Request for Review of Decisions of the  
Universal Service Administrative Company

To: Wireline Competition Bureau

WC Docket No. 02-60

DOCKET FILE COPY ORIGINAL

REQUEST FOR REVIEW AND RULE WAIVER

Pursuant to §§ 54.719(c) and 54.720(a) of the Commission's Rules ("Rules"), SSM Health -St. Francis ("SSM-St. Francis") hereby requests that the Commission review and reverse the decision of the Universal Service Administrative Company ("USAC") below, waive § 54.605 of the Rules, and grant funding to SSM-St. Francis as specified herein. In support thereof, the following is respectfully submitted:

FACTS

Located in Maryville, Missouri, St. Francis Hospital is Catholic, not-for-profit health care system. SSM St. Francis offers a range of services including emergency care, cardiology services, medical imaging, men's health services, women and child services, and diabetes education throughout Missouri. It has been in operation for over 100 years.

In 2016, SSM- St. Francis engaged a consulting firm, USF Healthcare Consulting, Inc. ("UHC"), to assist it in obtaining Universal Service support through the Telecommunications Program ("Telecom Program") for rural health care providers ("HCPs"). SSM- St. Francis authorized UHC to prepare the FCC Forms 465 ("Form 465") and the FCC Forms 466 ("Form

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466”) necessary to obtain Telecom Program funding and to submit them electronically to USAC’s Rural Health Care Division (“RHCD”).

UHC helped SSM- St. Francis obtain funding for switched Ethernet services to connect back to their corporate facilities.

As the Commission is aware, participants in the Telecom Program have found it difficult to determine urban rates as required by § 54.605 of the Rules.<sup>1</sup> As set forth in the Declaration of Geoff W. Boggs, UHC’s Chief Executive Officer, UHC found it difficult to obtain tariffed or publicly available rates for high-speed Ethernet packet-based services that are offered in urban areas (cities with populations of 50,000 or more).<sup>2</sup> Consequently, UHC followed the practice of obtaining urban rates from urban service providers.<sup>3</sup> To document the urban rate, UHC asked the provider to supply a letter on its letterhead that states the rate that is charged in an urban area in the state.<sup>4</sup>

In the case of SSM-St. Francis, UHC relied on a letter, dated September 26, 2016 from Scott Madison, the managing member of Network Services Solutions (“NSS”). Mr. Madison represented that “[t]he urban rate for a 100Meg Ethernet point-to point connection in St. Louis, Mo. is \$195.00 per channel termination and on October 4, 2016 a GIG Ethernet point to point connection in St. Louis, Mo. is \$70.00 This rate is based upon a 36-month contract.”<sup>5</sup> UHC prepared and submitted a Form 466 for SSM- St. Francis that gave \$70.00 as the urban rate for 1

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<sup>1</sup> See, e.g., Comments of Alaska Communications, GN Docket No. 16-46, at 12-13 (May 24, 2017) (“Alaska Communications Comments”).

<sup>2</sup> See Exhibit 1 at 2 (¶ 7).

<sup>3</sup> See *id.* (¶ 8).

<sup>4</sup> See *id.*

<sup>5</sup> *Id.* (¶ 9).

Gig Mbps Ethernet service and \$195.00 as the urban rate for 100 Meg Ethernet service..<sup>6</sup>

On March 29, 2017, the RHCD requested that SSM- St. Francis explain how it derived both the \$70.00 urban rate and \$195.00 urban rate and to provide urban rate documentation.<sup>7</sup> I effectively informed the RHCD that SSM- St. Francis was amending its Form 466s by specifying that the urban rate was \$195.00. In response, UHC provided RHCD with documents showing that BellSouth Telecommunications, LLC offered to provide 1 GIG Mbps switched Ethernet service throughout Missouri at monthly charge of \$195.00 under a three-year contract.<sup>8</sup> Thereafter, UHC repeatedly asked if the RHCD needed additional information or if it could speak with the RHCD staffer who was reviewing the \$195.00 urban rate.<sup>9</sup> UHC expected that it would be contacted if the RHCD had any questions with regard to the urban rate, and that it would be afforded the opportunity to address any such questions before the RHCD would render its funding decisions.<sup>10</sup> However, UHC was given no such opportunity.<sup>11</sup>

On June 2, 2017, the RHCD notified SSM- St. Francis that USAC was “unable to provide support” to SSM- St. Francis, specifically because it had not “demonstrated that the urban rate provided for the requested service is ‘no higher than the highest tariffed or publicly-available rate charged to a commercial customer for a *functionally similar* service’ in any city with a population of 50,000 or more in that state.”<sup>12</sup> The RHCD did not explain why SSM- St. Francis’ submissions

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<sup>6</sup> See *id.* at 6 (¶ 6), 2 (Table 2).

<sup>7</sup> See *id.* at 3 (¶¶ 11, 12).

<sup>8</sup> See *id.* (¶ 13).

<sup>9</sup> See *id.* at 4-5 (¶¶ 14, 15, 17-19).

<sup>10</sup> See *id.* at 5 (¶ 21).

<sup>11</sup> See *id.*

<sup>12</sup> *Id.* (¶ 22).

were insufficient or why it did not grant SSM- St. Francis requests for the opportunity to address the urban rate issue.

Being a rural hospital in Northwest Missouri we do not have access to connection speeds and prices that hospitals in urban areas do. If funding would get approved St. Francis Hospital would save \$7,887.66 a month this would allow us the ability to provide health care services at a reasonable cost for our community. 648 and 1,254

#### WAIVER STANDARD

SSM- St. Francis seeks a waiver of § 54.603 of the Rules to permit it to receive the appropriate level of USF support for the Funding Year 2016. The Commission has the discretion to grant the requested waiver under § 1.3 of the Rules, which provides:

The provisions of this chapter may be suspended, revoked, amended, or waived for good cause shown, in whole or in part, at any time by the Commission, subject to the provisions of the Administrative Procedure Act ["APA"] and the provisions of this chapter. Any provision of the rules may be waived by the Commission on its own motion or on petition if good cause therefor is shown.<sup>13</sup>

Generally speaking, the Commission may exercise its discretion under the APA and § 1.3 of the Rules to suspend or waive a Rule for good cause "only if special circumstances warrant a deviation from the general and such deviation will serve the public interest." *Northeast Cellular Telephone Co., L.P. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990). Of course, the Commission must grant waivers pursuant to an "appropriate general standard." *WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir. 1969). The Wireline Competition Bureau ("WTB") recently set forth the general standard that is applied to requests for waivers of §§ 54.600 – 54.625 of the Rules, which govern the Telecom Program:

The Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest. In addition, the

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<sup>13</sup> 47 C.F.R. § 1.3.

Commission may take into account considerations of hardship, equity, or more effective implementation of overall policy on an individual basis. Waiver of the Commission's rules is appropriate only if both (i) special circumstances warrant a deviation from the general rule, and (ii) such deviation will serve the public interest.<sup>14</sup>

### ARGUMENT

In the words of one participant in the Telecom Program, the rules governing the program (“Telecom Rules”) “written two decades ago for a world of tariffed low-bandwidth, circuit-switched services are increasingly unworkable.”<sup>15</sup> In 2012, the Commission promised to address potential reforms to the Telecom Program “at a future date.”<sup>16</sup> In the meantime, it has allowed its woefully outdated Telecom Rules to remain in effect.<sup>17</sup> Section 54.605 of the Telecom Rules is one such rule.

Adopted in 1997, § 54.605 of the Telecom Rules has remained virtually unchanged.<sup>18</sup> The rule provides that the “urban rate” that an HCP should pay is “a rate no higher than the highest tariffed or publicly-available rate charged to a commercial customer for a functionally similar service in any city with a population of 50,000 or more in that state, calculated as if it were provided between two points within the city.” Although “[d]etermining the urban rate” is the heading of § 54.605, the rule does address exactly how an HCP should go about determining the “highest tariffed or publicly-available rate charged” for a similar service in an urban area.

The Commission assumed in 1997 that such the urban rate would be “tariffed or publicly

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<sup>14</sup> *Rural Health Care Universal Service Support Mechanism*, 2017 WL 735668, at \*2 (WTB Feb. 10, 2017). (footnotes omitted) (“NSS Waiver Decision”).

<sup>15</sup> Alaska Communications Comments at 12.

<sup>16</sup> *Rural Health Care Support Mechanism*, 27 FCC Rcd 16678, 16751 n.433 (2012)

<sup>17</sup> See *id.* at 16815 (¶ 344).

<sup>18</sup> Compare *Federal-State Joint Board on Universal Service*, 12 FCC Rcd 8776, 9348-49 (1997) with 47 C.F.R. § 54.605 (2017).

available” and thus readily accessible. That assumption may have been well founded in 1997, but not so today. Now, HCPs use high-bandwidth services, like video and teleconferencing, which are provided by lightly-regulated competitive carriers over high-speed Ethernet packet-based networks. Those services are provided at competitive, market-driven rates, which often are neither tariffed nor publicly-available.<sup>19</sup> USAC was undoubtedly aware that HCPs were experiencing difficulty in ascertaining the urban rates for broadband Ethernet-based services.

The difficulties UHC experienced in obtaining urban rates for Ethernet services led it to obtain the urban rates for such services from urban service providers.<sup>20</sup> UHC’s practice would be to obtain a letter on a service provider’s letterhead that would state the rate that is charged in an urban area in the state for an Ethernet service similar to that required by the HCP. UHC would provide USAC with a copy of the service provider’s letter to document the urban rate. The provision of such a letter is an approved means of documenting an urban rate.<sup>21</sup>

In this case, UHC obtained a letter on NSS’s letterhead that represented that the urban rate for 1 GIG Ethernet service in St. Louis, Mo. was \$70.00 per channel termination and the 100 Meg was \$195.00 per channel termination. The Commission subsequently found that NSS’s determinations of urban rates apparently were not calculated in the manner required by § 54.605 of the Telecom Rules.<sup>22</sup> Accordingly, when the RHCD questioned the validity of the urban rate that NSS supplied to SSM- St. Francis, UHC was forced to obtain documentation from another

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<sup>19</sup> See Exhibit 1 at 2 (¶ 7).

<sup>20</sup> See *id.* at 2 (¶ 8).

<sup>21</sup> See Form 466 Instructions, at 8 (July 2014) (urban rate documentation “may include tariff pages, contracts, a letter on company letterhead from the urban service provider, rate pricing information printed from the urban service provider’s website, or similar documentation”).

<sup>22</sup> See *Network Services Solutions, LLC*, 31 FCC Rcd 12238, 12275 (¶ 107) (2016).

urban service provider to confirm that NSS had correctly determined that \$195.00 was the urban rate for 1 Gig Mbps Ethernet service in Missouri.<sup>23</sup> UHC obtained such documentation and submitted it to the RHCD in timely fashion.<sup>24</sup>

During the 65-day period between March 29, 2017, when SSM- St. Francis responded to the RHCD's inquiry, and June 2, 2017, when the RHCD rendered its funding decision, the RHCD did not: (1) advise UHC that its submission did not demonstrate its urban rate was no higher than the highest rate charged in Kansas City for 1 Gig Ethernet service; (2) respond to UHC's repeated requests for feedback; or (3) give UHC an opportunity to correct SSM- St. Francis response by specifying that the urban rate for the 100 Meg Ethernet service should be \$648.44 (\$214.50+\$433.94) the GIG Ethernet service should be \$1254.57 (\$214.50 +\$1,040.07). The RHCD simply and inexplicably denied funding to SSM- St. Francis.

Under the special circumstances of this case, the strict enforcement of § 54.605 would be inequitable, inconsistent with the policies embodied in § 254(h)(1)(A) of the Act, and ultimately inconsistent with the public interest. With respect to the equities, the Commission should note the following facts.

- It is difficult for HCPs to determine the urban rates for Ethernet services in accordance with the outdated requirements of § 54.605.
- SSM- St. Francis complied with the Commission's requirement that it submit "missing or relevant support documentation" within 14 days of the RHCD's request for information.<sup>25</sup>
- UHC relied on NSS's \$195.00 urban rates in good faith, and that reliance led it to

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<sup>23</sup> See Exhibit 1 at 3-4 (¶ 13).

<sup>24</sup> See *id.*

<sup>25</sup> *Rural Health Care Support Mechanism*, 30 FCC Rcd 230, 231 (¶ 3) (WCB 2015).

incorrectly identify AT&T's Ethernet basic port charge of \$195.00 as the urban rate in its initial response to the RHCD's inquiry.<sup>26</sup>

- UHC reasonably expected that the RHCD would give it the opportunity to correct any errors in its initial submission.<sup>27</sup>
- The RHCD ignored UHC's repeated requests to be informed of any problem with its proposed urban rate, and to be given the opportunity to address any such problem.
- UHC could have corrected its error in timely fashion had the RHCD clearly informed UHC that the urban rate had to include one of AT&T's "committed information rates" ("CIRs") as well as its basic port charge.<sup>28</sup>
- Once it learned that the urban rate should include AT&T's port charge and a CIR, UHC proposed the correct 100 Meg urban rate of \$648.44 (\$214.50 + \$433.94) and GIG urban rate \$1254.57 (\$214.50+\$1040.07).<sup>29</sup>

SSM- St. Francis respectfully submits that RHCD abused its discretion when it refused to allow UHC to correct its mistaken reliance on NSS. The RHCD's refusal to grant equitable relief to SSM- St. Francis makes it inequitable for the Commission to strictly enforce § 54.605 in this case. The Commission should grant SSM- St. Francis a limited waiver of § 54.605 to permit it to receive funding for the Fiscal Year 2016. Such action would be consistent with the relief that the Commission has afforded other HCPs whose reliance on NSS led USAC to deny their funding requests. *See NSS Waiver Decision*, 2017 WL 735668, at \*2-3 (¶¶ 6-8).

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<sup>26</sup> See Exhibit 1 at 3-4 (¶ 13), Attachment 1.

<sup>27</sup> See *id.* at 5 (¶ 21).

<sup>28</sup> See *id.* at 5-6 (¶¶ 23, 24), Attachment 3.

<sup>29</sup> See *id.* at 5-6 (¶ 23), Attachment 3.



Grant of the requested waiver would comport with the policy that Congress codified when it authorized the Commission to establish the Telecom Program. Congress instructed the Commission to base policies for the preservation and advancement of universal service in part on the principle that HCPs “should have access to advance telecommunications services as described in [§ 254(h) of the Act].”<sup>30</sup> Section 254(h)(1)(A) of the Act provides:

A telecommunications carrier shall, upon receiving a bona fide request, provide telecommunications services which are necessary for the provision of health care services in a State, including instruction relating to such services, to any public or nonprofit [HCP] that serves persons who reside in rural areas in that State at rates that are reasonably comparable to rates charged for similar services in urban areas in that State. A telecommunications carrier providing service under this paragraph shall be entitled to have an amount equal to the difference, if any, between the rates for services provided to [HCPs] for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State treated as a service obligation as a part of its obligation to participate in the mechanisms to preserve and advance universal service.<sup>31</sup>

Congress codified the policy that HCPs be afforded access to advanced telecommunications services, such as Ethernet-based broadband services, at rates that are reasonably comparable to urban rates for similar services. That Congressional policy must outweigh the interests of “efficiency and effectiveness” that are served by the 14-day deadline for submitting urban rate documentation to the RHCD.<sup>32</sup> And that policy would clearly be served if the Commission permits SSM- St. Francis to submit a Form 466 that will allow it to receive Ethernet services at rates that are in fact reasonably comparable to the rates charged by AT&T for similar Ethernet services in cities in Missouri. The Commission should reverse the RHCD and grant the rule waiver that is necessary to allow Audrain to submit such a Form 466 to the RHCD *nunc pro tunc* as of March 29, 2017.

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<sup>30</sup> 47 U.S.C. § 254(b)(6).

<sup>31</sup> 47 U.S.C. § 254(h)(1)(A).

<sup>32</sup> *Rural Health Care Support Mechanism*, 30 FCC Rcd at 231 (¶ 3).

### REQUEST FOR RELIEF

Attached hereto as Exhibit 2 is two Form 466's for SSM- St. Francis. The first lists a rural rate of \$2,960.00 for 100 Mbps Ethernet service provided by Charter Communications and an urban rate of \$648.44 and a second that lists the rural rate of \$6,830.67 for service provided by CenturyLink Communications and an urban rate of \$1,254.57. SSM- St. Francis respectfully requests that the Commission; (1) waive § 54.605 of the Telecom Rules to the limited extent of allowing SSM- St. Francis to submit the Form 466 that is attached as Exhibit 2 to USAC; and (2) direct USAC to process the Form 466 as if it had been submitted on March 29, 2017 in response to the RHCD's request for information.

Respectfully submitted,

SSM Health –St. Francis Hospital

By:



**Nick Freeman**

**Information Systems Manager**

**2016 S. Main St. Maryville, MO 64468**

**660-562-7931**

**7/26/2017**

# **EXHIBIT 1**

## DECLARATION

I, Geoff W. Boggs, do hereby declare as follows:

1. I am the Chief Executive Officer of USF Healthcare Consulting, Inc. ("UHC").
2. USF Healthcare Consulting, Inc. is a Kentucky based corporation that assists nonprofit Healthcare Facility with their Universal Service Fund ("USF") applications.
3. SSM Health - St. Francis Hospital (SSM - St. Francis) St. Francis Hospital is Catholic, not-for-profit health care system located in Maryville, Mo. SSM St. Francis offers a range of services including emergency care, cardiology services, medical imaging, men's health services, women and child services, and diabetes education throughout Missouri. It has been in operation for over 100 years.
4. UHC was retained to assist SSM – St. Francis in obtaining USF support through the Telecommunications Program ("Telecom Program") for rural health care providers ("HCPs"). SSM – St. Francis authorized UHC to prepare the FCC Forms 465 ("Form 465s") and the FCC Forms 466 ("Form 466s") necessary to obtain Telecom Program funding and to submit them electronically to the Rural Health Care Division ("RHCD") of the Universal Service Administrative Company ("USAC").
5. I am preparing this declaration to support the appeal and request for waiver that SSM St. Francis plans to file with respect to the RHCD's decisions not to approve the funding request number ("FRN") identified in Table 1 below:

TABLE 1

Fund Year	HCP Number	HCP Name	FRN
2016	11689	SSM Health St Francis Hospital	1691645
2016	11689	SSM Health St Francis Hospital	1692335

6. UHC prepared and submitted the Form 465s and Form 466s associated with the FRNs identified above. I was listed as the contact person at Line 16 of the Form 465s and I electronically signed and certified the Form 466s. The two Form 466's that were submitted electronically to USAC on October 19, 2016 included the information set forth in Table 2.

TABLE 2

HCP	FRN	Service	Bandwidth	Rural Rate	Urban Rate
11689 SSM Health St Francis Hospital	1691645	Ethernet	100 Mbps	\$2960.00	\$195.00
11689 SSM Health St Francis Hospital	1692335	Ethernet	1 Gig	\$6830.67	\$70.00

7. UHC found it difficult to obtain tariffed or publicly available rates for high-speed Ethernet packet-based services that are offered in urban areas (cities with populations of 50,000 or more). Typically, such services are provided by lightly-regulated competitive carriers that neither publish tariffs nor make their urban rates available to the public.

8. Because of the difficulty of obtaining publicly-available urban rates for Ethernet services, UHC followed the practice of obtaining urban rates from urban service providers. To document the urban rate, UHC asked the provider to supply a letter on its letterhead that states the rate that is charged in an urban area in the state for an Ethernet service similar to that required by the HCP.

9. To provide the urban rate documentation required by Line 41 of the Form 466, SSM-St. Francis submitted a letter, dated September 26, 2016 for 100 Meg Ethernet circuit and October 14, 2016 for the GIG Ethernet circuit, from Scott Madison, the managing member of Network Services Solutions ("NSS"). Mr. Madison represented that "[t]he urban rate for both a

100 Meg in St Louis, Mo. is \$195.00 and a 1 Gig Ethernet connection in Kansas City, Mo. is \$70.00 per channel termination. This rate is based upon a 36-month contract.” I understood that NSS provided service to HCPs in the Telecom Program, and I was led to believe that I could rely on the urban rates that NSS supplied.

10. As far as I am aware, there is no Commission rule that informs an HCP of how it must submit a Form 466 electronically to USAC, or how the HCP must document the urban rate that is provided in a Form 466. Moreover, I do not know of a Commission rule that affords an HCP no more than 14 calendar days to respond to a USAC request for omitted or adequate documentation of the urban rate. I was led to believe that an HCP was free to supplement its initial response to a USAC request for urban rate documentation.

11. On March 27, 2017, the RHCD sent emails to SSM - St. Francis and UHC, it referred to an attachment that posed questions with regard to the HCP’s the above-identified FRN. The email stated, “Please submit your responses to these inquiries by no later than fourteen (14) calendar days from the date of this letter. Failure to provide the requested information within this time frame will result in denial of the funding requests.” In contrast, the attachment concluded:

Please submit your responses to the above requests by no later than **fourteen (14) calendar days** from the date of this letter. Failure to respond to USAC’s information requests in a timely manner and/or provide the requested documentation demonstrating compliance with the Commission’s rules may result in denial of the funding request, a commitment adjustment, rejection of an invoice, and/or recovery of improperly disbursed funds. The responses you provide may also result in a follow-up information requests by USAC as necessary.

12. SSM - St. Francis was requested to provide: (a) an explanation of “how the urban rates \$70.00 of \$195.00 was derived;” (b) “documentation to support the urban rate provided, including, but not limited to, documentation that supports that the urban rate for the requested service is ‘no higher than the highest tariffed or publicly-available rate charged to a commercial

customer for a functionally similar service' in any city with a population of 50,000 or more in that state;" and (c) an "explanation how the HCP's request for 100 Meg Ethernet and 1 Gig Mbps Ethernet service is 'functionally similar' to the services(s) used for purposes of this comparison."

13. Attachment 1 to this declaration is a copy of the email that I sent to the RHCD on March 29, 2017, which was in response the RCHD's information request. I effectively informed the RHCD that SSM - St. Francis was amending its Form 466s by specifying that the urban rate was \$195.00. In my email, I stated as follows:

I have attached the AT&T tariff which is a 100 Meg for \$195.00 and a 1 GIG for \$195. This will cover this 100 Meg on FRN 1691645 and the GIG on FRN 1692335.

Please confirm receipt and let me know if we are missing anything.

To document the \$195.00 urban rate, I provided the RHCD with a two-page rate card that showed AT&T's rates for its switched Ethernet services effective May 1, 2016, and an excerpt from the "AT&T Switched Ethernet Service Guide," which described the service. Those documents showed that BellSouth Telecommunications, LLC offered to provide 1 Gig Mbps switched Ethernet service throughout Missouri at monthly charge of \$195.00 under a three-year contract.

14. In my March 29, 2017 email, I asked the RHCD to confirm that it received my email. I also requested that the RHCD "let me know if we are missing anything."

15. Concerned that USAC had not approved the Forms 466s that UHC had filed that relied on the \$195.00 urban rate, I sent an email to Erica Stauter at USAC on April 14, 2017 in which I stated:

I wanted to ask about the Ethernet applications we filed and then resubmitted urban rates. We have not received any approvals on these and I wanted to make sure that you did not need anything else from us. Jeremy [Matkovich] told us our urban rates were fine, so I am just checking.

Some of our HCP [clients] are clamoring about their credits and I want to give them an answer.

16. On April 14, 2017, Blythe Albert responded to my email to Ms. Stauter. She sent me an email informing me as follows:

There seems to be some miscommunication about the forms below. These forms are being reviewed using the documentation provided. Until the reviews of all of these forms has been completed no commitments will be issued. During the review process, additional questions may be asked to verify the information provided. The attached email is the correspondence between you and Jeremy. He did not explicitly say that the urban rates were fine. The first sentence says, "If the monthly recurring cost for services(s) that the HCP is requesting only for the transport and does not include any service charges(s)....." We will reach out with more questions if necessary. Thanks.

17. I immediately sent Ms. Albert an email in which I asked her: "If they are not accepted, will you tell us before denying? We want to make sure we are providing the right urban rates." Ms. Albert did not answer my question.

18. Beginning on May 11, 2017, I began providing Ms. Albert with copies AT&T pricing schedules showing that AT&T offered 1 Gig Mbps switched Ethernet service to HCPs at rates comparable to the \$195 urban rate specified in the Form 466s that the Audrain HCPs submitted. I sent her rate schedules showing that AT&T had agreed to provide 1 Gig Mbps switched Ethernet services to an HCP in Hondo, Texas at a monthly rate of \$214.50, and to an HCP in Independence, Kansas at a monthly rate of \$235.95. These rates were good throughout all AT&T territories including Missouri. I offered to discuss the rate schedules with Ms. Albert, and I asked her if I could speak with the person who was reviewing the 195.00 urban rate.

19. Attachment 2 is a copy of the email that I sent USAC on behalf of SSM – St Francis on June 1, 2017. In my email, I stated:

I understand the \$195 urban rate is still under review. Since these FRNs have not been approved ... I am submitting a new urban rate, similar to the \$195, to be used if the \$195 is not accepted. I have attached the urban rate. This is to be used for



the following [HCPs] and [FRNs].

HCP 11689    FRN 1691645 and 1692335

Please call me if you have any questions.

20.    Attached to my email was a copy of a document showing that an AT&T customer had accepted the rates, terms and conditions of an AT&T switched Ethernet service pricing schedule. I circled the terms of the pricing schedule indicating that the urban rate for the Ethernet circuits should be \$214.50.

21.    I fully expected that the RHCD would contact me if it had any questions with regard to the \$195 or the \$214.50 urban rate, and UHC would be afforded the opportunity to address any such questions before the RHCD would render its funding decisions. UHC was given no such opportunity. I asked Blythe Albert multiple times to talk to the reviewer and received no replies.

22.    On June 2, 2017, I was notified that USAC was “unable to provide support” to SSM – St. Francis, specifically because it had not “demonstrated that the urban rate provided for the requested is ‘no higher than the highest tariffed or publicly-available rate charged to a commercial customer for a *functionally similar* service’ in any city with a population of 50,000 or more in that state.”

23.    I subsequently learned that the urban rate should have included AT&T’s “Basic Port” charge and its “Committed Information Rate” or “CIR.” Accordingly, I went back to the AT&T pricing schedule that I sent Ms. Albert on May 15, 2017, and I circled the \$214.50 port charge and the appropriate CIR. I then wrote the information set forth in Table 3 on page 4 of the pricing schedule.

TABLE 3

BANDWIDTH	PORT CHARGE	CIR	TOTAL
5 Mbps	\$214.50	\$158.85	\$373.35
10 Mbps	\$214.50	\$255.00	\$464.50
20 Mbps	\$214.50	\$321.30	\$535.80
50 Mbps	\$214.50	\$371.25	\$585.75
100 Mbps	\$214.50	\$433.94	\$648.44

Not written, but circled was the rate for a Gig of  $\$214.50 + \$1,040.07 = \$1,254.57$

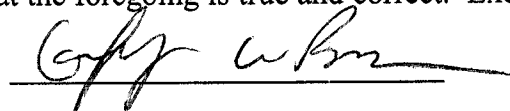
24. Attachment 3 consists of the emails that I sent the RHCD and Ms. Albert on June 12, 2017, and the AT&T pricing schedule that was an attachment to the first of my two emails. I requested feedback on whether the AT&T pricing schedule could be used to document urban rates that would be comprised of its basic port rate and a CIR. Thus, I proposed to use Ethernet urban rates set forth in Table 3 for Funding Year 2017. I inquired whether UHC would be given the opportunity to fix any problems that USAC would have with regard to the proposed urban rates. I also asked for a prompt response to my question so that UHC could complete applications for funding prior to the upcoming deadline.

25. Ms. Albert called me on June 13, 2017 and left the following message:

Hey Geoff, it's Blythe calling from USAC. My direct line is 202-772-5248. About that urban rate document, we've kind of can't talk about them outside of the review but it looks like it has a pretty decent information and a reviewer will definitely reach out to you. I would suggest just submitting your application using that urban rate document if that makes sense and they, the reviewer, will reach out to you and we'll see what comes of that, ok. Anyway, you can call me back but that's pretty much, you know, the best answer I can give you, we don't typically review documents outside of the review. But it, for all intents and purposes, looks like it has decent information to me, I'm not sure what the reviewer will come up with but they will definitely, no question, reach out to you. Ok? Thanks. Bye.

26. We believe if RHCD had reached out in a call to communicate their questions they would have approved these applications.

27. I declare under penalty of perjury that the foregoing is true and correct. Executed on July 26 2017.



Geoff W. Boggs

# **ATTACHMENT 1**

## Geoff Boggs

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**From:** Geoff Boggs  
**Sent:** Wednesday, March 29, 2017 10:45 AM  
**To:** 'RHC-Assist'  
**Subject:** RE: Request for Information for HCP#(s) 11689 for FY 2016  
**Attachments:** AT&T Ethernet @ \$195.00.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

I have attached the AT&T tariff which is a 100 Meg for \$195 and 1 Gig for \$195. That will cover this 100 Meg on FRN 1691645 and the Gig on FRN 1692335.

Please confirm receipt and let me know if we are missing anything.

Thanks

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
gboggs@uasave.com

**From:** RHC-Assist [mailto:rhc-assist@usac.org]  
**Sent:** Monday, March 27, 2017 2:06 PM  
**To:** david\_lewis@ssmhc.com  
**Cc:** gboggs@uasave.com  
**Subject:** Request for Information for HCP#(s) 11689 for FY 2016

Dave Lewis,

Please see attached document for additional information regarding HCP number(s) 11689 for FY 2016.

Please submit your responses to these inquiries by no later than fourteen (14) calendar days from the date of this letter. Failure to provide the requested information within this time frame will result in denial of the funding requests.

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The information contained in this electronic communication and any attachments and links to websites are intended for the exclusive use of the addressee(s) and may contain confidential or privileged information. If you are not the intended recipient, or the person responsible for delivering this communication to the intended recipient, be advised you have received this communication in error and that any use, dissemination, forwarding, printing or copying is strictly prohibited. Please notify the sender immediately and destroy all copies of this communication and any attachments.

## **ATTACHMENT 2**

## Geoff Boggs

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**From:** Geoff Boggs  
**Sent:** Thursday, June 01, 2017 11:04 AM  
**To:** 'RHC-Assist'; 'Nikoletta Theodoropoulos'; 'Blythe Albert'  
**Subject:** HCP 11689 2016 applications  
**Attachments:** AT&T Ethernet contract \$214.00 Multi state.pdf

I understand the \$195 urban rate is still under review. Since these FRN's have not been approved and I am submitting a new urban rate, similar to the \$195, to be used if the \$195 is not accepted. I have attached the urban here. This is to be used for the following HCP's and FRN's.

HCP 1691645 FRN 1691645 and 1692335

Please call me if you have any questions.

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
[gboggs@uasave.com](mailto:gboggs@uasave.com)

## **ATTACHMENT 3**

## Geoff Boggs

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**From:** Geoff Boggs  
**Sent:** Monday, June 12, 2017 4:54 PM  
**To:** 'RHC-Assist'; 'Blythe Albert'; 'Nikoletta Theodoropoulos'  
**Subject:** RE: 2017 Telecommunication Program Applications Urban Rate  
**Attachments:** AT&T Ethernet contract \$214.00 COS Multi state.pdf

Were you able to review this contract to be used as an urban rate for Ethernet circuits? I would appreciate some feedback.

Thanks,

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
[gboggs@uasave.com](mailto:gboggs@uasave.com)

**From:** Geoff Boggs [<mailto:gboggs@uasave.com>]  
**Sent:** Monday, June 12, 2017 7:57 AM  
**To:** 'RHC-Assist' <[rhc-assist@usac.org](mailto:rhc-assist@usac.org)>; 'Blythe Albert' <[Blythe.Albert@usac.org](mailto:Blythe.Albert@usac.org)>; 'Nikoletta Theodoropoulos' <[Nikoletta.Theodoropoulos@usac.org](mailto:Nikoletta.Theodoropoulos@usac.org)>  
**Subject:** 2017 Telecommunication Program Applications Urban Rate

Can you give me some feedback?

We are using this urban rate for some Ethernet circuits for the states covered on this contract. The speeds are from 2 Meg to 1 GIG.

If the services are non-Internet Ethernet circuits will this work as an urban rate?

If you have any questions on urban rates will you notify us and give an opportunity to fix it for 2017 applications?

Please respond as soon as possible so that we can complete the applications in question before the deadline.

Geoff Boggs  
USF Healthcare Consulting, Inc.  
P. O. Box 326  
Prospect, KY 40059  
502-228-1907  
888-875-8810 Fax  
[gboggs@uasave.com](mailto:gboggs@uasave.com)



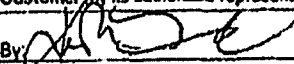


Contract Id: 4870831

AT&T MA Reference No. 138180UA  
AT&T Contract ID No. SDN60MJUPR

**AT&T SWITCHED ETHERNET SERVICE™ (with NETWORK ON DEMAND)**  
Pricing Schedule Provided Pursuant to Custom Terms

By signing this Pricing Schedule, Customer accepts all rates, terms and conditions herein, as presented to Customer by AT&T.

Customer (by its authorized representative)	
By:	
Printed or Typed Name:	KEVIN FROSCH
Title:	CFO
Date:	8/25/2016

For AT&T internal use only:

Contract Ordering and Billing Number (CNUM).

pcs. processed, cs. approved

AT&T and Customer Confidential Information  
Page 2 of 5

ASE, NoD, ps, IEC, etcd, customer  
v.09-17-15 1

WK# - Interstate-InterLATA - TBD

For AT&amp;T Administrative Use Only

Pricing Schedule No. \_\_\_\_\_

Original Effective Date: \_\_\_\_\_

AT&T Switched Ethernet Service<sup>SM</sup> (with Network On Demand) Pricing Schedule Provided Pursuant to Custom Terms

## 1. SERVICE, SERVICE PROVIDER(S) and SERVICE PUBLICATION(S)

1.1 AT&T Switched Ethernet Service<sup>SM</sup>

Service Areas

Service	Service Publication (Incorporated by reference)	Service Publication location
AT&T Switched Ethernet Service <sup>SM</sup>	AT&T Switched Ethernet Service Guide	<a href="http://cpr.att.com/pdf/commonEthServGuide.html">http://cpr.att.com/pdf/commonEthServGuide.html</a>

Service Providers			
AT&T Alabama	AT&T Indiana	AT&T Missouri	AT&T Tennessee
AT&T Arkansas	AT&T Kansas	AT&T Nevada	AT&T Texas
AT&T California	AT&T Kentucky	AT&T North Carolina	AT&T Wisconsin
AT&T Florida	AT&T Louisiana	AT&T Ohio	BellSouth Telecommunications, LLC d/b/a AT&T Southeast
AT&T Georgia	AT&T Michigan	AT&T Oklahoma	
AT&T Illinois	AT&T Mississippi	AT&T South Carolina	

## 1.2 Inside Wiring

Service	AT&T Inside Wiring		
Service Provider	Service Publication	Service Publication Location	
Same as the AT&T Service Provider for the AT&T Switched Ethernet Service	AT&T Inside Wiring Service Attachment	<a href="http://cpr.att.com/pdf/service_publications/ASE_SDN_Inside_Wiring_Attachment.pdf">http://cpr.att.com/pdf/service_publications/ASE_SDN_Inside_Wiring_Attachment.pdf</a>	

## 2. PRICING SCHEDULE TERM, EFFECTIVE DATES

Term

Pricing Schedule Term	36 months
Pricing following the end of Pricing Schedule Term	Non-stabilized prices as modified from time to time in applicable Service Publication or, if there is no such pricing, the pricing in this Pricing Schedule

## 3. MINIMUM PAYMENT PERIOD

Service Components	Percentage of Monthly Recurring Charge Applied for Calculation of Early Termination Charges*	Minimum Payment Period per Service Component
All Service Components	50% plus any unpaid or waived non-recurring charges	Until end of Pricing Schedule Term
*Early termination charges shall not exceed the total amount of monthly recurring charges for the remainder of the Minimum Payment Period; refer to <u>Network on Demand Guide</u> for details.		

## 4. ADDS

AT&T Switched Ethernet Service Customer Port Connections may be purchased during the Pricing Schedule Term at the rates, terms and conditions herein.

# \* ETHERNET URBAN RATES

Contract Id: 4870831

WK# - Interstate-InterLATA - TBD	For AT&T Administrative Use Only Pricing Schedule No. _____ Original Effective Date: _____
----------------------------------	--

AT&T Switched Ethernet Service<sup>SM</sup> (with Network On Demand) Pricing Schedule Provided Pursuant to Custom Terms

## 5. RATES and CHARGES

### 5.1 AT&T SWITCHED ETHERNET SERVICE

#### 5.1.1 Monthly Recurring Charges (MRC)

All Monthly Recurring Charge (MRC) rates are per port. The total MRC for a port is the sum of the Port Connection MRC, the Bandwidth MRC, and any associated Feature MRC(s).

#### Port Connection MRC

\* Cost of Circuit

Customer Port Connection Speed	MRC
100 Mbps	\$214.5
1 Gbps	\$214.5

#### Bandwidth MRC

If Customer changes the CIR and/or CoS configuration during the billing cycle, the Bandwidth MRC will be prorated based on the time interval for each configuration.

Bandwidth MRC (100 Mbps and 1 Gbps Basic Port Connections)					
Committed Information Rate (CIR)	Class of Service (CoS)				
	Non Critical High	Business Critical Medium	Business Critical High	Interactive	Real Time
2 Mbps	\$91.09	\$94.23	\$113.08	\$133.49	\$144.49
4 Mbps	\$107.34	\$110.50	\$129.44	\$146.80	\$157.85
5 Mbps	\$136.61	\$142.97	\$158.85	\$174.74	\$187.44
8 Mbps	\$180.68	\$187.50	\$202.84	\$216.47	\$231.81
10 Mbps	\$210.80	\$221.00	\$255.00	\$289.00	\$309.40
20 Mbps	\$276.32	\$289.17	\$321.30	\$353.43	\$379.13
50 Mbps	\$323.40	\$338.25	\$371.25	\$404.25	\$435.60
100 Mbps	\$380.53	\$400.56	\$433.94	\$467.32	\$500.70
150 Mbps	\$530.94	\$557.29	\$582.82	\$607.95	\$652.53
250 Mbps	\$604.86	\$635.20	\$715.86	\$796.52	\$855.00
400 Mbps	\$665.91	\$699.50	\$778.54	\$857.58	\$920.82
500 Mbps	\$707.17	\$742.33	\$820.47	\$898.81	\$965.03
600 Mbps	\$809.63	\$849.73	\$939.47	\$1002.49	\$1073.14
1000 Mbps	\$918.26	\$965.11	\$1040.07	\$1115.03	\$1195.61

5M 214.50 10M 214.50 20M 214.50 50M 214.50 100M 214.50  
 158.85 255.00 321.30 371.25 433.94  
 Feature MRC \$ 373.35 \$ 464.50 \$ 535.00 \$ 589.75 \$ 648.44

Feature	MRC
Enhanced Multicast	\$70

#### 5.1.2 Non Recurring Charges (NRC)

Standard Non Recurring Charges for installation of new Customer Port Connections, per the applicable Service Publication, will be waived.

pcs_processed_cs_approved	AT&T and Customer Confidential Information Page 4 of 5	ASE_NoD_ps_ILEC_aloel_customer v.09-17-15.1
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## **EXHIBIT 2**

# Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name SSM Health Saint Francis Hospital	2 HCP Number 11689
3 Form 465 Application # 43166934	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name SSM Health St Francis Hospital	6 Billed Entity FCC RN 143019614
7 Contact Name Dave Lewis	
8 Address Line 1 2016 S Main St	
9 Address Line 2	
10 City Maryville	11 State MO 12 Zip 64468
13 Contact Phone # 660-562-2600	14 Fax # 15 Email david_lewis@ssmhc.com

**Block 3: Funding Year Information**

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 1 Gig
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 106
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	CenturyLink			
22 Service Provider Identification Number (SPIN)	143019614			
23 Service Provider Contact Person Name	John Kendrick			
24 Service Provider Contact Person's Phone #	314-720-8514			
25 Service Provider Contact Person Email	john.kendrick@centurylink.com			
26 Circuit Start Location	2016 S Main St, Maryville, MO 64458			
27 Circuit Termination Location	1055 Bowles Ave, Fenton, MO 63026			
28 Billing Account Number	407752170			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	07-01-2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	NA			
32 Service Installation Date	07-01-2015			
33 Actual Rural Rate per Month (Enclose Documentation)	6,830.67			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

### Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See Instructions.)

### Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	\$1,254.57			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

### Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No  
If you checked yes, copies of the bids MUST be submitted to RHCD.


### Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 07/28/2017
52 Printed name of authorized person Geoff W Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting Inc	55 Employer's FCC RN 0018694075

**Please remember:**

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for two T1 lines, you must submit two Forms 466.
  - If you are requesting reduced rates for two ISDN lines & one Frame Relay line, you must submit three Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>

SSM Health St Francis Hospital - Maryville  
2016 S. Main St.  
Maryville, MO 64468

HCP                11689  
Centurylink      407752170  
Spin               143019614

1GIG PTP Ethernet      Circuit LC/KF--/112412//DTI

Still receiving 36month contract rate. Process month to month.

#### **Rural Rate**

1GIG Vlan                \$6790.00

Taxes                    40.67

**TOTAL                    \$6830.67**

#### **Urban Rate**

**1Gig                      \$ 1254.57 (\$214.50+\$1040.07)**

#### **Tax Calculation**

ST Charles Sales Tax	22.86
Wentzville Franchise	69.56
Wentzville Sales	33.13
<b>TOTAL TAXES</b>	<b>125.55</b>

$125.55 / 21,115.00 = .00599$

Rural -  $.00599 \times 6790.00 = 40.67$  Rural Taxes



Account Name: SSM HEALTH CARE  
Account Number: 407752170

P.O. Box 4300  
Carol Stream, IL 60197-4300

Page: 1 of 5  
Bill Date: Jul. 01, 2016

Previous Balance	Payments	Adjustments Credits	Current Charges
46,271.93	21,615.41 CR	0.00	21,610.40

#### Payment Summary

Previous Balance 46,271.93  
Payment by check received on JUN 12 21,615.41 CR

<b>Balance</b>	<b>24,656.52</b>
----------------	------------------

#### Adjustments/Credits Summary

Adjustments to Previous Balance 0.00

<b>Total Adjustments</b>	<b>0.00</b>
--------------------------	-------------

#### Current Charge Summary

Monthly Charges 21,115.00  
One-Time Charges 0.00  
Usage Charges 0.00  
Discount 0.00  
Adjustments 0.00  
Taxes, Fees, and Surcharges 125.55  
Late Fee 369.85

<b>Total Current Charges</b>	<b>21,610.40</b>
------------------------------	------------------

<b>Due Date</b>	<b>Jul. 29, 2016</b>	<b>Amount Due</b>	<b>46,266.92</b>
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Just a friendly reminder that your account is past due. If you have already made your payment, thank you for bringing your account up to date.

#### IMPORTANT NEWS

\*\*\*PLEASE FOLD, TEAR HERE AND RETURN THIS PORTION WITH YOUR PAYMENT\*\*\*

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION:

☐

Please check here and complete reverse. Thank You.

D

Account Number:  
Due Upon Receipt

407752170  
46,266.92

SSM HEALTH CARE  
ATTN: ATTN: DEBRA CLAY  
7980 CLAYTON RD  
SAINT LOUIS, MO 63117-1354

CenturyLink  
P.O. Box 4300  
Carol Stream, IL 60197-4300

000040775217000000024656524000000000070116000462669212000000

Account Name: SSM HEALTH CARE  
Account Number: 407752170

P.O. Box 4300  
Carol Stream, IL 60197-4300

Page: 3 of 5  
Bill Date: Jul. 01, 2016

## Current Charges Summary

Service From Jul. 01, 2016

	Qty	Rate	Amount
<b>Monthly Charges</b>			
100M Internet Access	2 @	3,250.00	6,500.00
1M VLAN	2 @	3,250.00	6,500.00
1M VLAN	1 @	6,790.00	6,790.00 HCP 11689
1M VLAN	1 @	1,325.00	1,325.00
<b>Total Monthly Charges</b>			<b>21,115.00</b>
<b>One-time Charges</b>			
Late Payment Fee			369.85
<b>Total One-time Charges</b>			<b>369.85</b>
<b>Taxes, Fees and Surcharges</b>			
ST CHARLES Sales Tax			22.86
WENTZVILLE Franchise Fee			69.56
WENTZVILLE Sales Tax			33.13
<b>Total Taxes, Fees and Surcharges</b>			<b>125.55</b>

## Total Current Charges

21,610.40

## Contact Numbers

1-866-569-5893 Provisioning and Billing Inquiries  
1-800-604-6688 Repair  
1-800-335-5672 Disputes/Collections/Payments/Payment Arrangements

Or email us at:

Billing Inquiries - [LightCoreFlorida@CenturyLink.com](mailto:LightCoreFlorida@CenturyLink.com)  
Billing Disputes - [wholesale.dispute@centurylink.com](mailto:wholesale.dispute@centurylink.com)  
Payment Inquiries - [cabs-collections@centurylink.com](mailto:cabs-collections@centurylink.com)

Or visit us online at:

[www.centurylink.com/wholesale/](http://www.centurylink.com/wholesale/)

## Charge Detail

Local Service from JUL 01 to JUL 31

Product-ID: F76-457-3189 FENTON MO RICHMOND HEIGHTS MO 30-JUN-11 30-JUN-16  
Circuit-ID: LC/KF--/097013/ /DTI/ Fenton, Mo

### Monthly Charges

** 1M VLAN	3,250.00	
<b>Total Local Exchange Services</b>		<b>3,250.00</b>
<b>Total Monthly Charges</b>		<b>3,250.00</b>

## Charge Detail For F76-457-3189

3,250.00

Product-ID: F76-457-3225 FENTON MO RICHMOND HEIGHTS MO 30-JUN-11 30-JUN-16  
Circuit-ID: LC/KF--/097014/ /DTI/ Fenton, Mo

### Monthly Charges

** 1M VLAN	3,250.00	
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Account Name: SSM HEALTH CARE  
Account Number: 407752170

P.O. Box 4300  
Carol Stream, IL 60197-4300

Page: 4 of 5  
Bill Date: Jul. 01, 2016

### Charge Detail

Local Service from JUL 01 to JUL 31

Product-ID: F76-457-3225 FENTON MO RICHMOND HEIGHTS MO 30-JUN-11 30-JUN-16

Circuit-ID: LC/KF--/097014/ /DTI/ Fenton, Mo

#### Monthly Charges

Total Local Exchange Services	3,250.00	
Total Monthly Charges		3,250.00

#### Charge Detail For F76-457-3225

3,250.00

Product-ID: F89-519-8282 MARYVILLE MO RICHMOND HEIGHTS MO 30-JUN-11 30-JUN-16

Circuit-ID: LC/KF--/112412//DTI

#### Monthly Charges

** 1M VLAN	6,790.00	
Total Local Exchange Services	6,790.00	
Total Monthly Charges		6,790.00

#### Charge Detail For F89-519-8282

6,790.00

Product-ID: F89-820-5810 FENTON MO RICHMOND HEIGHTS MO 30-JUN-11 30-JUN-16

Circuit-ID: LC/KF--/118552/ /DTI/ Fenton, Mo

#### Monthly Charges

** 100M Internet Access	3,250.00	
Total Local Exchange Services	3,250.00	
Total Monthly Charges		3,250.00

#### Charge Detail For F89-820-5810

3,250.00

Product-ID: F89-820-5859 FENTON MO RICHMOND HEIGHTS MO 30-JUN-11 30-JUN-16

Circuit-ID: LC/KF--/118553/ /DTI/ Fenton, Mo

#### Monthly Charges

** 100M Internet Access	3,250.00	
Total Local Exchange Services	3,250.00	
Total Monthly Charges		3,250.00

#### Charge Detail For F89-820-5859

3,250.00

Product-ID: F91-938-0908 WENTZVILLE MO WARRENTON MO

Circuit-ID: LC/VL--/046666/ /DTI/

#### Monthly Charges

** 1M VLAN	1,325.00	
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# Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name SSM Health Saint Francis Hospital	2 HCP Number 11689
3 Form 465 Application # 43166934	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name SSM Health Saint Francis Hospital	6 Billed Entity FCC RN 0022494801
7 Contact Name Dave Lewis	
8 Address Line 1 2016 S Main St	
9 Address Line 2	
10 City Maryville	11 State MO 12 Zip 64468
13 Contact Phone # 660-562-2600	14 Fax # 15 Email david_lewis@ssmhc.com

**Block 3: Funding Year Information**

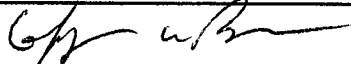
16 Funding Year - Check only one box

☐ Year 2014 (7/1/2014-6/30/2015) ☐ Year 2015 (7/1/2015-6/30/2016) ☒ Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 100M
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 106
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Charter			
22 Service Provider Identification Number (SPIN)	143024207			
23 Service Provider Contact Person Name	Steve			
24 Service Provider Contact Person's Phone #	Engelhardt			
25 Service Provider Contact Person Email	steve.engelhardt@charter.com			
26 Circuit Start Location	2016 S Main St, Maryville, MO 64468			
27 Circuit Termination Location	Central Office, Maryville, MO 64468			
28 Billing Account Number	8345 78 680 0002504			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	12-22-2011			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	NA			
32 Service Installation Date	03-21-2012			
33 Actual Rural Rate per Month (Enclose Documentation)	2,960.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

<b>IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.</b>				
<b>Block 5: Mileage-based Charge Discount Request</b>				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)				
<b>Block 6: Comprehensive Rate Comparison Request</b>				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.				
39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	648.44			
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.				
42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				
<b>Block 7: Bid Documentation</b>				
45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked yes, copies of the bids MUST be submitted to RHCD.				
<b>Block 8: Certification</b>				
46 <input checked="" type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.				
47 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.				
48 <input checked="" type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.				
49 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.				
50 Signature			51 Date	07/28/2017
52 Printed name of authorized person	Geoff W Boggs		53 Title or position of authorized person	CEO
54 Employer of authorized person	USF Healthcare Consulting Inc		55 Employer's FCC RN	0018694075

**Please remember:**

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
  - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ♦ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.  
<https://forms.universalservice.org/usaclogin/login.asp>

SSM Health St Francis Hospital - Maryville  
2016 S. Main St.  
Maryville, MO 64468

HCP	11689
Charter	8345 78 680 0002504
Spin	143005817

100M Ethernet

**Rural Rate**

100M \$2960.00

**Urban Rate 36 month AT\*T switched Ethernet contract**

**\$648.44(\$214.50+\$433.94)**

**\*still receiving 36 month contracted rates**

**\* Proof of service and speed uploaded**

July 1, 2016

Account: 8345 78 680 0002504  
Phone Number: (314) 951-0001  
Security Code: 6779  
Service At: 7980 CLAYTON RD  
CONTROL ACCOUNT 1  
SAINT LOUIS MO 63117-1354

**Contact Us**

Questions about your bill or services?

Visit [spectrumbusiness.net](http://spectrumbusiness.net) or call 1.800.314.7195

**Summary**

*Details on following pages*

Previous Balance	38,718.25
Payments Received	0.00
<b>Past Due Balance - Due Now</b>	<b>38,718.25</b>
Spectrum Business™ Services	20,896.24
<b>Total Due</b>	<b>\$59,614.49</b>

Steve Engelhardt

Rep

314-858-3587

Steve.Engelhardt@charter.com

**Spectrum Business News**

**Privacy Notices.** Charter's current Business Privacy Policy is enclosed in this month's statement.

**Annual Notices.** Pursuant to FCC customer notification requirements, please see the enclosed Annual Notice, which provides important standard terms and conditions for Spectrum Business™ TV service.



**Your account is past due.**

The past due amount is due five days following the mailing date of this bill. Please pay total past due amount to avoid further collection activity and interruption of service. If service is interrupted, you will need to pay your full past due amount, first month of service and a reconnection fee to resume service.

July 1, 2016

**Ssm Health Stl Data Center Core**

Account: 8345 78 680 0002504  
Phone Number: (314) 951-0001  
Service At: 7980 CLAYTON RD  
CONTROL ACCOUNT 1  
SAINT LOUIS MO 63117-1354

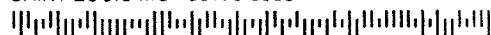
**Charter**  
COMMUNICATIONS

8413 EXCELSIOR DR 120 MADISON WI 53717-1970  
8622 3240 NO RP 01 07022016 NYNNYNN 01 000467 0002

ATTN DEBRA CLAY  
SSM HEALTH STL DATA CENTER CORE  
7980 CLAYTON RD  
SAINT LOUIS MO 63117-1354

<b>Total Due</b>	<b>\$59,614.49</b>
Amount you are enclosing	\$

CHARTER COMMUNICATIONS  
PO BOX 790086  
SAINT LOUIS MO 63179-0086



834578680000250459614495



July 1, 2016

Account: 8345 78 680 0002504  
 Hierarchy ID: SSHE5656  
 Security Code: 6779

# Spectrum

## BUSINESS

Contact Us  
 Questions about your bill or services?  
 Visit [spectrumbusiness.net](http://spectrumbusiness.net) or call 1.800.314.7195

8622 3240 NO RP 01 07022016 NYNNYNN 01 000467 0002

### Charge Details

Previous Balance	\$36,718.25
Past Due Balance - Due Now	\$36,718.25

### Ssheroot

SSM-FENTON DATA CNTR- ST. MARY'S, IHT  
 1055 BOWLES AVE  
 FENTON DATA CNTR  
 FENTON, MO 63026-2308  
 Account Number: 8345780101329930  
 Security Code: 8315

### Monthly Charges

Date	Description	Quantity	Amount
Jun 21 - Jul 20	GBPS Fiber Internet	1	6,740.00
Jun 21 - Jul 20	MBPS Optical Ethr Intra	100	2,960.00
Jun 21 - Jul 20	GBPS Optical Ethr Intra	1	2,850.00
Jun 21 - Jul 20	GBPS Optical Ethr Intra	1	2,850.00
Jun 21 - Jul 20	GBPS Optical Ethr Intra	1	2,850.00
Jun 21 - Jul 20	GBPS Optical Ethr Intra	1	7,500.00
Jun 21 - Jul 20	GBPS Optical Ethr Inter	1	1,600.00
Jun 21 - Jul 20	253pk Addl lpv4	1	100.00
Monthly Charges Subtotal			\$27,450.00

### Taxes And Fees

Description	Amount
State Universal Service Fund	19.01
Federal Universal Service Fund	292.41
Regulatory Cost Fee	39.61
Taxes and Fees Subtotal	\$351.03

### Adjustments

Date	Description	Amount
Jun 01	GBPS Fiber Internet	-12,110.00
Adjustments Subtotal		-\$12,110.00
Total For Account 8345780101329930		\$15,691.03

SSM FDC  
 1055 BOWLES AVE  
 CBN  
 FENTON, MO 63026  
 Account Number: 8345780101825960  
 Security Code: 4433

### Monthly Charges

Date	Description	Quantity	Amount
Standard Class Of Service			
Standard Class Of Service			
Jul 03 - Aug 02	GBPS Optical Ethr Intra	1	1,175.00
Jul 03 - Aug 02	GBPS Optical Ethr Intra	1	1,175.00
Monthly Charges Subtotal			\$2,350.00

### Taxes And Fees

Description	Amount
State Universal Service Fund	2.36
Taxes and Fees Subtotal	\$2.36
Total For Account 8345780101825960	\$2,352.36

SSM-ST. MARY'S TO IHT  
 12303 DE PAUL DR  
 BRIDGETON, MO 63044-2512  
 Account Number: 8345780820006389  
 Security Code: 6017

### Monthly Charges

Date	Description	Quantity	Amount
Jun 21 - Jul 20	GBPS Optical Ethr Intra	1	2,850.00
Monthly Charges Subtotal			\$2,850.00

### Taxes And Fees

Description	Amount
State Universal Service Fund	2.85
Taxes and Fees Subtotal	\$2.85
Total For Account 8345780820006389	\$2,852.85

Continued on the next page

### Your WAY can be the GREEN way!

#### GO GREEN with Spectrum Business

Online Bill Pay is helping the environment one customer at a time.  
 It's easy - all you need to do is sign up for Online Bill Pay.  
 It will save you money on postage and time - and it will also save trees!

Enrolling is easy, just go to [spectrumbusiness.net](http://spectrumbusiness.net)

Each month, you'll receive a paperless e-bill that you pay online with your choice of payment options.

- Debit Card - Credit Card - Electronic Funds Transfer
- Receive a quick summary of your account at any time
- Access up to 6 months of statements

### Payment Options

Pay Online - Create or Login to MyAccount to pay or view your bill online at [spectrumbusiness.net](http://spectrumbusiness.net).

Pay by Mail - Detach payment coupon and enclose with your check made payable to Charter. Please do not include correspondences of any type with payments.

For questions or concerns, please call 1.800.314.7195.

Charter  
 COMMUNICATIONS





201112211918197

## SERVICE ORDER

### Under the Data Transport Service Agreement

This Service Order is executed on Dec 21, 2011 and modifies the Service Agreement dated Jul 09, 2010 by and between Charter Fiberlink-Missouri, LLC, ("Charter Business" or "Charter") with local offices at 12405 Powerscourt Drive, St. Louis MO 63131 and SSM Integrated Health Technologies, ("Customer") with offices located at 2016 South Main Street., Maryville, MO 64468. Except as specifically modified herein, all other terms and conditions of the Agreement and Standard Terms of Service shall remain unamended and in full force and effect.

#### CUSTOMER INFORMATION:

Account Name: SSM Integrated Health Technologies

Invoicing Address: 7980 Clayton Rd, St. Louis, MO

Invoicing Special Instructions: Bill with Master

#### 1. SITE-SPECIFIC INFORMATION:

Order Type:

Proposed Installation Date: 3/21/2012

Service Location (Address):

##### A Site:

SSM Fenton Data Center

1015 Bowles Ave, Fenton, MO 63026

##### Z Site:

St. Francis Hospital and Health Services

2016 South Main Street., Maryville, MO 64468

Service Location Special Instructions: \_\_\_\_\_

\_\_\_\_\_

☒ Non-Hospitality or Non-Video

**Customer Contact Information.** To facilitate communication the following information is provided as a convenience and may be updated at any time without affecting the enforceability of the terms and conditions herein:

	Billing Contact	Site Contact	Technical Contact
Name	Debra Clay	Mike Drabb	Joseph Susai
Phone	(314) 951-5656	(314) 902-0104	(314) 768-5167
Fax			
Cell			
Email Address	Debra_Clay@ssmhc.com	Mike_Drabb@ssmhc.com	joseph_susai@ssmhc.com

MONTHLY SERVICE FEES:	
<b>Data Services:</b>	
<i>Charter Business Bundle. No Bundle *</i>	
<u>Base Service</u>	\$2,960.00
MEF Service Types (if applicable):	
Speed: 100 Mbps (Down/Up)	
CPE:	

*\* If Customer has selected the Charter Business Special Offers, the Section 2(k) of the Standard Terms of Service (for Charter Business Bundle) shall apply.*

ONE-TIME CHARGES:	
One-Time Standard Installation Fee:	\$1,450.00
<b>ONE-TIME CHARGES \$1,450.00</b>	

## 2. TOTAL FEES.

Total Monthly Service Fees of \$2,960.00 are due upon receipt of the monthly invoice.

Total One-Time Charges of \$1,450.00 are included in the first monthly invoice.

- SERVICE PERIOD.** The initial Service Period of this Service Order shall begin on the date installation is completed and shall continue for a period of 60 months. Upon expiration of the initial term, this Service Order shall automatically renew for successive one-month terms and Charter may then apply Charter's then-current Monthly Service Fees unless either party terminates this Service Order by giving thirty (30) days prior written notice to the other party before the expiration of the current term.
- INTERFERENCE.** In the event during the initial or any renewal Service Period, (i) proper operation of Charter's Equipment and/or unhindered provision of the Services is no longer possible as a result of interference or obstruction caused by the acts or omissions of Customer, a third party or any Force Majeure Event, or (ii) such interference/obstruction or the cause thereof will have negative consequences to Charter's personnel or Network and/or cause technical difficulties to Charter or its customers, as Charter may determine in its sole discretion, Charter may terminate the affected Service Order(s) without liability upon written notice to Customer.
- NO UNTRUE STATEMENTS.** Customer further represents and warrants to Charter that neither this Service Order, nor any other information, including without limitation, any schedules or drawings furnished to Charter contains any untrue or incorrect statement of material fact or omits or fails to state a material fact.

6. **CONFIDENTIALITY.** Customer hereby agrees to keep confidential and not to disclose directly or indirectly to any third party, the terms of this Service Order or any other related Service Orders, except as may be required by law. If any unauthorized disclosure is made by Customer and/or its agent or representative, Charter shall be entitled to, among other damages arising from such unauthorized disclosure, injunctive relief and a penalty payment in the amount of the total One-Time Charges associated with this Service Order, and Charter shall have the option of terminating this Service Order, other related Service Orders and/or the Service Agreement.

7. **ENTIRE AGREEMENT.** The terms and conditions of the Service Agreement will remain in full force and effect, except as modified by this Service Order. This Service Order will serve to supplement the Service Agreement. In the event of any conflict between the provisions of this Service Order and the provisions of the Service Agreement excluding those set forth in Indemnification of the Standard Terms of Service, the provisions of this Service Order shall prevail. All terms not otherwise defined herein will have the same meaning ascribed to them in the Service Agreement. This Service Order supersedes and replaces any and all other Service Orders, either oral or written, regarding the specific Service Locations. This Service Order may not be amended except by a written agreement signed by both parties. The person signing on behalf of the Customer represents that he/she has full authority to bind Customer to the terms and conditions of this Service Order. **FACSIMILE.** A copy sent via fax machine or scanned and e-mailed) of a duly executed Agreement and Service Order signed by both authorized parties shall be considered evidence of a valid order, and Charter may rely on such copy of the Agreement and Service Order as if it were the original.

**NOW THEREFORE,** Charter and Customer agree to the terms and conditions included within this Service Order and hereby execute this Service Order by their duly authorized representatives.

**Charter Fiberlink-Missouri, LLC**

**SSM Integrated Health Technologies**

By:

By: Charter Communications, Inc., its Manager

Signature: \_\_\_\_\_

Signature:  \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: Thomas K. Langston

Title: \_\_\_\_\_

Title: Senior Vice President/Chief Information Officer

Date: \_\_\_\_\_

Date: December 22, 2011

**Charter Business Account Executive:**

Name: Eric Wallut

Telephone: (314) 713-9036

Fax: 866.915.5219 or 866.915.5220